

STRICT EMBARGO

00:01hrs 9 December 2011

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Media Release

RUH Consultant co-authors national study on poor care for high risk surgical patients

An RUH Consultant Anaesthetist has co-written a national study which shows that less than half (48%) of high risk surgical patients received good care in UK hospitals.

These are patients who are already known to be at an increased risk of death and post-operative complications.

Knowing the Risk, the latest National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report, shows that 79% of the patients who died came from that high risk group.

Data collected at the time of surgery found that 21% of patients undergoing elective surgery had not been seen in an assessment clinic before their operation and in only 8% of patients defined as 'high risk' was risk of death stated on the patient's consent form.

Report co-author Dr Alex Goodwin, NCEPOD Clinical coordinator and Consultant in Anaesthesia and Intensive Care at the RUH, says a robust system of risk identification, assessment and strategies to mitigate risk is needed.

"There needs to be the introduction of a UK-wide system that allows rapid and easy recognition of patients who are at high risk of post-operative mortality and morbidity. All high-risk patients should undergo early preoperative assessment so that serious health problems are recognised and managed appropriately."

He said that the decision to operate on high-risk patients should be made only by consultants and he wants to see care delivered by a team approach that includes case planning and identifying the facilities needed to achieve the best outcome for patients.

Dr Goodwin believes that high-risk patients at the RUH are given the best care possible. *"The RUH has a robust pre-assessment process that is aimed at singling out high risk patients allowing clinicians to plan operative care appropriately - In line with all the NHS, coordinated use of the RUH's excellent, nationally renowned, intensive care unit and the expertise within might further improve the care of high risk surgical patients."*

Dr Goodwin believes that greater consideration should be given to how critical care is used in the management of high-risk patients, and hospitals should provide adequate resources to ensure there are enough critical care beds.

The study also found that that many high risk patients did not understand the extent of the risks of death or serious complications they faced when they gave consent to the

operation and he believes more needs to be done to communicate these risks to patients.

Ends

Notes to editors:

Key findings

- The care of high risk patients was only good 48% of the time.
- 48% of high risk patients who died never went to a critical care unit.
- 34% of hospitals did not have a critical care outreach team.
- 34% of hospitals did not have a policy to prevent peri-operative hypothermia.
- 79% of deaths were in the high risk group (165/208).
- Half of the high risk patients were admitted for planned procedures and not emergency operations.

Key recommendations

- Introduction of a UK-wide system for the rapid identification of patients who are at high risk of post-operative mortality and morbidity.
- All elective high risk patients should be seen by a pre-assessment clinic.
- Patients should be told of the mortality risks associated with surgery and this should be recorded on the consent form.
- Trusts must make provision for sufficient critical care resources to provide appropriate post-operative care.

301 hospitals performing surgery were identified, and the case notes of 829 patients were reviewed. High risk patients make up about 10% of the patients who have surgery in the UK.

For further information about NCEPOD visit www.ncepod.org.uk

Copies of *Knowing the Risk* can be downloaded from the website as a PDF from 9 December 2011, or contact Sabah Mayet on 020 7600 1893.

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